

DUE DATE:

## TRANSCRIPT ORDER FORM

Please Read Instructions on Page 2.

1. <b><u>REQUESTOR'S INFORMATION:</u></b>		NAME <b>James E. Kolenich</b>	TELEPHONE NUMBER <b>(513) 324-0905</b>
DATE OF REQUEST <b>3/18/2018</b>	EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) <b>JEK318@GMAIL.COM</b>		
MAILING ADDRESS <b>Kolenich Law Office 9435 Waterstone Blvd. Suite 140</b>		CITY, STATE, ZIP CODE <b>Cincinnati OH 45249</b>	
2. <b><u>TRANSCRIPT REQUESTED:</u></b>	NAME OF COURT REPORTER  OR CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER <b>3:17-cv-00072</b>	CASE NAME <b>Sines et al. v. Kessler et al.</b>		JUDGE'S NAME <b>Joel C. Hoppe</b>
DATE(S) OF PROCEEDING(S) <b>3/18/19</b>	TYPE OF PROCEEDING(S) <b>Telephone Status Conference</b>		LOCATION OF PROCEEDING <b>Charlottesville, VA</b>
REQUEST IS FOR: (Select one)	<input checked="" type="checkbox"/>	FULL PROCEEDING    OR <input type="checkbox"/>	SPECIFIC PORTION(S) ( <i>Must specify below</i> )
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):			
3. <b><u>SERVICE TURNAROUND CATEGORY REQUESTED:</u></b> (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly		
<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day			
4. <b>CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE <b>3/18/2019</b>	SIGNATURE <b>s/ James E. Kolenich</b>		

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

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<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.